

[ATTORNEY'S NAME]
SPECIAL ASSISTANT ATTORNEY GENERAL
MONTANA DEPARTMENT OF CORRECTIONS
1539 Eleventh Avenue
Post Office Box 201301
Helena, MT 59620-1301
(406) 444-3905 - Telephone
(406) 444-1494 - Facsimile
[attorney's email address]

ATTORNEY FOR THE STATE

MONTANA [district #] JUDICIAL DISTRICT YOUTH COURT, [county] COUNTY

IN THE MATTER OF: [name of youth], A YOUTH	CAUSE NO. [cause #] AFFADAVIT OF [RAOs name]
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STATE OF MONTANA)
 : ss.
County of [county])

I, [RAOs name], Regional Administrative Officer, Department of Corrections Youth Services Division, [RAOs office location], Montana, being duly sworn, depose and say as follows:

1. On [date of order], this Court issued an order directing [parent's name], [parent's relationship to youth] of the above-captioned youth, to pay a cost-of-care contribution in the sum of \$[amount] per month beginning [beginning date], until the youth was released from placement with the Department of Corrections Youth Services Division or Youth Court.

2. On [date mailed], I mailed a copy of the [date of order] [document title] to [parent's name] along with a letter explaining how and when payments should be made pursuant to that Order. In that letter, I advised [parent's name] payments should begin [date to begin]. A copy of

In the matter of [insert youth name] Cause No. [cause #]
Affidavit of [RAOs Name]

PAGE 1

my [[date mailed], letter to [parent's name] is attached.

3. When no payments had been received from [parent's name] as of [date of second letter], I wrote to request they begin making payments or contact me to make alternate payment arrangements. A copy of my [date of second letter], letter is attached.

4. Because [parent's name] had not responded to my [date of second letter] letter or made any payments pursuant to this Court's Order, I wrote again on [date of third letter]. To date, I have not heard from [parent's letter].

5. The above-captioned youth left Department of Corrections Youth Services Division or Youth Court placement on [release date]. They spent a total of [number of days] days in placement. The daily rate that accrued during this placement was \$[daily rate], for a total due of \$[total]. Attached is a Parental Contribution Status Form from the Department of Corrections Youth Services Division database showing the number of placement days, the amount due, and the fact that no payments have been made to date.

Affiant says nothing further.

Dated this [date] day of [month], 20[year].

[RAOs name]
Regional Administrative Officer
Department of Corrections – Youth Services Division

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

(NOTARY SEAL)

Notary Public for the State of Montana
Printed Name: _____
Residing at _____, _____.
My Commission Expires _____

In the matter of [insert youth name] Cause No. [cause #]
Affidavit of [RAOs Name]

PAGE 2